

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 SEP 29 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300186004263  
09/29/10--01008--030 \*\*541.25

CR2E041 (05/10)

DOCUMENT # L07000060097

1. Limited Liability Company's Name *Summer Properties LLC*

2. Principal Office Address - No P.O. Box #  
790 Juno Ocean Walk

Suite, Apt. #, etc.  
504C

City & State  
Juno Beach, Fl.

Zip  
33408

Country  
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 06/06/07

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Everett Stone

Street Address (P.O. Box Number is Not Acceptable)  
4360 Northlake Blvd.

Suite, Apt. #, Etc.  
104

City  
Palm Beach Gardens

State  
FL

Zip Code  
33410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/27/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	Vincent Crescenzi	5050 N.Ocean Drive	Singer Island, Fl.33404

**L. SELLERS**

SEP 30 2010

**EXAMINER**

**REINSTATEMENT** 08-10

11. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 9/27/10

Daytime Phone # 361-126-6002

Typed or printed name of signing Managing Member/Manager *VINCENT CRESZENZI*